

Hotel Reservation Form
ASP-DAC 2011
January 25 - 28, 2011, Yokohama Japan

Please complete and return this form to:

JTB Tokyo Metropolitan Corp.

JTB Yokohama Convention Center

Address: Dai-6-Yasuda Bldg. 6F, 3-29-1 Tsuruya-cho,

Kanagawa-ku, Yokohama 221-0835, Japan

Phone: +81-45-316-4602 Fax: +81-45-316-5701

e-mail: jtb_convention@met.jtb.jp

Deadline: Dec. 22, 2010, Japan time

Note: You should send this form by postal mail or fax when you apply.

(Please type or write in block letters.)

Full Name: ()Prof. ()Dr. ()Mr. ()Ms.

Family Name: _____, First Name: _____, Middle Initial: _____

Affiliation: _____

Mail Stop: _____

Dept./Div.: _____

Mailing Address: _____

City: _____ State: _____

Zip: _____ Country: _____

Phone: _____ Fax: _____

E-mail: _____

Please remember to include your country and/or city code for Phone/Fax numbers.

Name of Accompanying Person(s), Family Member(s) if any:

()Mr. ()Ms.

Family Name: _____, First Name: _____, Middle Initial: _____

Arrival Schedule:

Arriving at _____(airport) on _____(date)

by _____(flight number)

Hotel Accommodations:

Please select 2 hotels in order of preference and enter the name of the hotel and the hotel number(see hotel list in the advance program).

1st choice: _____(No.)

2nd choice: _____(No.)

Room Choice: ()Single ()Twin

Breakfast: ()Yes ()No

Period of Stay: Check-in _____ Check-out _____ for _____ nights

Guarantee of Booking:

Credit Card: ()VISA ()Master Card

Card Number: _____- _____- _____- _____

Card Holder's Name : _____

Expiration Date: _____/_____ (month/year)

Authorized Signature: _____